

**ATTACHMENT C - AMENDMENT TO PASSPORT PROVIDER AGREEMENT
FOR PRIVATE GROUP PRACTICES: ADDING NAME(S)
OF ADDITIONAL STAFF WHO WILL PROVIDE PATIENT
MANAGEMENT SERVICES**

New physicians and/or mid-level practitioners who join a private group practice and who will provide patient management services under this contract should fill in the information requested below.

The signatories to this Attachment agree to abide by the terms of the agreement to which this attachment is attached. This Attachment should be filled out by all members of the private group practice who meet the requirements of being a PCP (i.e. are a physician or mid-level practitioner) and who will provide patient management services. Please fill in all that apply.

NAME OF PRIVATE GROUP PRACTICE

PASSPORT PROVIDER NUMBER FOR
PRIVATE GROUP PRACTICE

SIGNATURE AND TYPED NAME OF NEW MEMBER OF PRIVATE GROUP PRACTICE

DATE

INDIVIDUAL'S MEDICAID
PROVIDER NUMBER

Member is a:

- ☐ physician
- ☐ certified nurse practitioner
- ☐ certified nurse midwife
- ☐ physician assistant

**Send to: PASSPORT To Health
PO Box 254
Helena, MT 59601**